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Administration for Community Living (ACL)

The Administration for Community Living (ACL) is part of the U.S. Department of Health and Human Services and is headed by the Administrator, who reports directly to the Secretary of Health and Human Services (HHS). ACL’s Principal Deputy Administrator serves as Senior Advisor to the HHS Secretary for Disability Policy. ACL is structured to provide general policy coordination while retaining unique programmatic operations specific to the needs of each population we serve. ACL is based on a commitment that people with disabilities and older adults should be able to live where they choose, with the people they choose and fully participate in their communities. Inherent in this principle is the core belief that everyone can contribute, throughout their lives.
WIOA’s impact on HHS

On July 22, 2014, the President signed into law P.L. 113-128, the Workforce Innovation and Opportunity Act (WIOA), which among other provisions, transfers three groups of programs from the Department of Education (ED), Office of Special Education and Rehabilitative Services (OSERS) to ACL. As a result, approximately $240 million in program appropriations and relevant ED personnel have successfully become HHS/ACL employees.

Programs transferred to ACL are:

- Assistive Technology (AT) Act Programs
- Independent Living (IL) Programs
- National Institute on Disability and Independent Living Rehabilitation Research (NIDILRR) Programs
- In addition to the group of programs listed above, ACL will also be responsible for the Interagency Committee on Disability Research and the Disability, Independent Living, and Rehabilitation Research Advisory Council.
WIOA’s Key Provisions

- Defined competitive, integrated employment as meaning full or part-time work at minimum wage or higher, with wages and benefits similar to those without disabilities performing the same work, and fully integrated with co-workers without disabilities.
- Provides youth with disabilities the services and support they need to be successful in competitive, integrated employment.
- Limits the use of subminimum wage by requiring a series of steps before an individual under the age of 24 can be placed in a job paying less than minimum wage.
- Established an advisory committee on increasing competitive, integrated employment for people with disabilities which will provide recommendations to the Secretary of Labor and the Senate Committee on Health, Education, Labor and Pensions; and the House Committee on Education and the Workforce.
HHS Levers Promoting Employment

**Medicaid:** Employment support services are part of state Medicaid service array for individuals with disabilities. The Medicaid Buy program provides an opportunity for individuals with disabilities who have income above traditional Medicaid limits to gain or maintain access to Medicaid.

**System Change Grants:** HHS funds several initiatives which promote improving systems to achieve better employment outcomes for people with disabilities, including projects which support increased collaboration across state and local workforce agencies.

**Affordable Care Act:** Improves the opportunities for individuals to choose employment over committing to not working and relying on public benefits by expanding access to Medicaid and private health insurance through the Marketplace.

**Collaboration:** HHS partners with the Department of Education and Department of Labor to promote integrated employment for people with disabilities through expanding the understanding and implementation of integrated employment policies and strategies at the federal, state and local levels.
Systems Change impacts Workforce Demands

- For more than thirty years states have implemented home and community based service (HCBS) programs as a community alternative to institutional care for individuals with disabilities and older adults.
- With systems change efforts and increased investments in community based alternatives, HCBS supports have become the primary mechanism for states to provide long term care services to targeted populations.
- In fiscal year 2013 total federal and state long term services and support (LTSS) spending was $146 billion, including $75 billion for HCBS and $71 billion for institutional LTSS.
- As the primary funder of long-term services and supports under the Medicaid Program, HHS maintains a vital interest in the paid and informal direct service community workforce. In the past 10 years, HHS has committed substantial resources to improving the recruitment and retention of direct service workers.
Health Profession Opportunity Grants (HPOG)

- HHS Administration for Children and Family (ACF) Health Profession Opportunity Grants were first awarded in 2010 to 32 grantee organizations across 23 states. The grantees, which include post-secondary education institutions, Workforce Investment Boards, state and local government agencies, community-based organizations, Indian tribes and tribal organizations, will receive funding through September 2015. Authorized by the Affordable Care Act, the HPOG program provides education and training to TANF recipients and other low-income individuals for occupations in the health care field that pay well and are expected to either experience labor shortages or be in high demand.
HHS Health Resources and Services Administration (HRSA)

- HRSA’s mission is to improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs.

- Tens of millions of Americans get affordable health care and other help through HRSA's 90-plus programs and more than 3,000 grantees.

- HRSA’s programs provide health care to people who are geographically isolated, economically or medically vulnerable.
HRSA Grants

• Through the Affordable Care Act $283 million has been invested in the National Health Service Corps (NHSC) in fiscal year 2014 to increase access to primary care services in communities that need it most. Today, more than 9,200 Corps clinicians are providing care to approximately 9.7 million patients across the country.

• In 2015, the Health Resources and Services Administration (HRSA) announced more than $94 million in awards to train the next generation of health care providers. These grants support education and training to help enhance health care delivery and improve access to high-quality care.
2015 HRSA Grants - Nursing Workforce Development

- **Nurse Education Practice Quality and Retention ($11.9 million) provides 26 grants** to support academic, service and continuing education projects designed to enhance nursing education, improve the quality of patient care, increase nurse retention and strengthen the nursing workforce.

- **Veterans Bachelor of Science in Nursing ($3.4 million) provides 11 grants** to increase the enrollment, progression and graduation of military veterans from baccalaureate (BSN) nursing programs in an effort to expand the nursing workforce and improve employment opportunities for veterans in high-demand careers such as nursing.

- **Nurse Faculty Loan Program ($25.2 million) provides grants to 87 nursing schools** to increase the number of qualified nursing faculty in the United States. Support from this program allows nursing schools to offer eligible students partial loan forgiveness when they graduate and serve as full-time nursing faculty.

- **Nursing Workforce Diversity ($3.6 million) provides 12 grants** to increase nursing education opportunities for individuals from disadvantaged backgrounds, including racial and ethnic minorities underrepresented among registered nurses, by providing student scholarships or stipends for various levels of nursing degree programs.

- **Advanced Nursing Education ($11.1 million) funds 21 advanced nursing programs** that support the training of new nurse practitioners and other advanced practice registered nurses, emphasizing the critically important role nurses play in delivering primary health care services.

- **Nurse Anesthetist Traineeship ($2.2 million) funds 79 nurse anesthetist education programs** to provide traineeships to licensed registered nurses enrolled as full-time students in a master’s or doctoral nurse anesthesia program.
2015 HRSA Grants - Training in General, Pediatric, Public Health Dentistry and Dental Hygiene Program

- **Predoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene ($4 million)** funds 12 grants that support the planning, development, operation of, and participation in professional predoctoral training programs for a variety of primary oral healthcare disciplines.

- **Postdoctoral Training in General, Pediatric and Public Health Dentistry ($10.5 million)** funds 20 grants that support the planning, development, operation of, and participation in professional postdoctoral training programs in a variety of primary oral healthcare disciplines.
2015 HRSA Grants

- **Centers of Excellence ($12 million)** funds four health professions schools to improve the recruitment and performance and training of underrepresented minority students preparing for health professions careers. This five-year program also supports the development of information resources, clinical education, curricula, and cultural competence related to minority health issues.

- **Primary Care Training and Enhancement ($9.5 million)** funds 32 new grants to hospitals, medical schools, academically affiliated physician assistant training programs and other entities to improve the quality, quantity, distribution, and diversity of the primary care workforce through curriculum enhancement and training program expansion.

- **Graduate Psychology Education ($656,000)** supports up to four grants to prepare psychologists to use an integrated and interprofessional approach to specifically address the behavioral health needs of military personnel, veterans, and their families.
HRSA’s Bureau of Health Workforce (BHW)

• Mission is to improve the health of underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need.

• The Bureau’s priority is to improve the workforce supply through preparing a diverse workforce, improving workforce distribution and transforming healthcare delivery.

• In FY 2014, HRSA awarded over $1 billion to more than 8,500 organizations and individuals through more than 40 workforce programs.
Preparing a Diverse Workforce

• A diverse workforce improves the quality of care. Greater diversity among health professionals is associated with improved quality of care for underserved populations, including racial and ethnic minorities and those from disadvantaged backgrounds.

• 47% of trainees in BHW programs are minorities and/or come from disadvantaged backgrounds.
Improving Workforce Distribution

• A focus on training, recruitment and retention to improve access in underserved communities.

• Clinicians who receive training in community-based and underserved settings are more likely to practice in similar settings.

• 86% of participating clinicians continue to practice in underserved areas, including rural communities, up to two years after they complete their service commitment.
Transforming Health Care Delivery

- Changing service delivery to meet 21st century needs through an emphasis on quality care that encourages innovate team-based and interprofessional approaches.

- In Academic Year 2013-14, 12 Bureau of Health Workforce programs had an interprofessional focus. Within those programs 1,315 clinical training sites were engaged in interprofessional team-based care.
BHW Program Spending

BHW FY 2014 Program Spending by Program Type

Total Spending = $1.02 B

- Scholarships, Loans and Loan Repayment: 36%
- Health Professions Training: 32%
- Graduate Medical Education: 10%
- Health Workforce Analysis: 7%

BHW FY 2014 Program Spending by Discipline

Total Spending = $1.02 B

- Other: 26%
- Allied: 4%
- Public Health: 3%
- Interdisciplinary: 1%
- Oral Health: 1%
- Mental and Behavioral Health: 4%
- Medicine: 10%
- Nursing: 3%
- Health Workforce Analysis: 1%

*Other* includes pharmacists, optometrists, podiatrists, chiropractors and veterinarians; *Oral Health* includes dental hygienists; *Mental and Behavioral Health* includes physicians, nurses and physician assistants with psychiatric specialties; *Medicine* includes physician assistants.
Health Workforce Research and Resources

National Center for Health Workforce Analysis (NCHWA)

• NCHWA research informs **program planning** and **development**, and **policy-making** by examining a broad range of issues that impact the nation’s health workforce.

• Six Health Workforce Research Centers focus on: Long-term Care, Allied Health, Technical Assistance, Oral Health and Flexible use of workers to improve health care delivery and efficiency

• In 2016 NCHWA plans to redesign the National Sample Survey for Registered Nurses to include health reform issues.
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